California Cardiovascular Disease Prevention Coalition

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HEART DISEASE AND STROKE AMONG AFRICAN AMERICANS IN CALIFORNIA AND THE U.S.

DID YOU KNOW…

- Both in California [1] and nationwide,[2] heart disease and stroke kill more African American men and women than any other disease;
- Heart disease occurs at an earlier age in African Americans. Below the age of 50, death rates are 50% higher in African American men and 100% higher in African American women than in their white counterparts;[3]
- Death rates from heart disease and stroke have declined in both white and African American populations since the 1960's, but the success has been unequal. After 1978, the decline in deaths from heart disease and stroke among African American men and women slowed significantly. [3]
- Lack of awareness of heart disease and its symptoms may be part of the reason why many African Americans delay seeking preventive services or treatment for acute symptoms.[3,4,5]

Multiple Factors Contribute to Heart Disease and Stroke Risk

Research shows that the risk of heart disease and stroke is raised by smoking, high blood pressure, elevated blood cholesterol, and lack of regular physical activity. Other factors, such as being overweight or having uncontrolled diabetes, also increase risk. Differences in risk factor profiles across ethnic groups may contribute to some of the differences in rates of heart disease and stroke.

IN CALIFORNIA:

- **Smoking** is more prevalent among African American women than among any other race-gender group. 26.8% of African American women in California smoke, as opposed to 19.2 % of white women.[6]
- **High blood pressure** is more prevalent in African American men (41.5%) compared to White (22.8%), Hispanic (22.1%) and other (15.6%) men. [6]
- **Obesity** is prevalent in 40.2% of African American Women and 37% of African American men. Hispanic women (42.7%) are the only race-gender group with a higher prevalence of overweight.[6]
- **Diabetes** is more prevalent among African Americans (14.5%) than any other ethnic group (Hispanics-12.9%; Whites-4.3%; Other- 7.6%.)[6]

WHAT CAN BE DONE TO PREVENT HEART DISEASE AND STROKE IN AFRICAN AMERICAN COMMUNITIES?

To avoid heart disease and stroke, people need to eat healthy foods and exercise regularly. Because we see these habits as a matter of personal choice, health education to prevent heart disease and stroke has often focused on individuals. But individuals who try to adopt new habits on their own may have more trouble than those who have the support of their friends and family. This is why researchers have found it more effective to educate entire communities about preventing heart disease and stroke than to focus on individuals.[3]

A variety of strategies have been used to prevent heart disease and stroke in African American communities. Some have focused on specific places where community residents tend to gather, such as churches, beauty salons, or sports events. Others use methods such as media outreach, community organizing, or developing community partnerships to help raise awareness and action around CVD Prevention

Some strategies that have been used in African American Communities:

? Church Health Educators (trained nurses) educated church congregation members about managing high blood pressure.[7]

? Lay volunteers from church congregations were trained to conduct health screenings and act as smoking cessation specialists.[8]

? Ministers from churches provided "healthy heart" sermons, and trained volunteers offered health advice and risk factor screenings at sports events.[9]

? Barbers were trained to screen for high blood pressure follow up and physician referral. [10]

? Voluntary groups coordinated routine blood pressure screening, nutrition lectures, lowfat/ low sodium church suppers, and slide presentations. [10]

Communities can also make changes that support heart healthy living

such as: transforming vacant lots into community gardens; linking neighborhood crime watch programs with walking clubs; getting involved in city land use planning; tapping unused economic potential in the neighborhood to create jobs; serving low-fat foods at community gatherings; and encouraging walking or biking instead of driving.

1 Vital Statistics Section. Advance Report: California Vital Statistics 1996. Sacramento, CA: California Department of Health Services, February 1998.

2 American Heart Association. 1997 Heart and Stroke Statistical Update. Dallas, TX: AHA National Office, December, 1996, pub. No. 55-0524.

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